

The impact of paternal involvement and United States stay length on Latino youth's depressive symptoms

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Abstract

Latino youth in the United States are more at-risk for depression than youth of other ethnic backgrounds. This manuscript assesses the impacts of sex, age, United States stay length, and whether or not Latino children of immigrants' fathers live with them on the youth's depressive symptoms. For this purpose, data of the Children of Immigrants Longitudinal Study was used. Using multiple regression analysis, the relationships among the aforementioned factors were examined among 1305 immigrant youth who were born in Latin America and Caribbean countries. The results of the study indicated that being male, living with one's father and longer stay in the United States are significantly associated with less depression for Latino children of immigrants. The implications of the study can be applied to multiple settings including youth's homes, social service agencies, and personnel who work with depressed populations. Raising awareness among immigrant parents, training mental health and social service providers, and developing culturally sensitive interventions were recommended. Although this study is a significant and timely topic, using data that are more recent could be more beneficial.

Keywords: Adaptation, culturally-sensitive intervention, depression, immigrants, Latinos, mental health, paternal involvement.

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Introduction

Latinos, persons “of Latin American origin or descent” (English Oxford Living Dictionaries, 2018), are reported to be the largest growing minority population in the United States (U.S.) (Prelow, Loukas & Jordan-Green, 2007; Terriquez, 2013). The literature surrounding this population collectively refers to these individuals as both “Hispanic” and “Latino”, and often does not clarify the differences between the two. The researchers refer to the participants of this study as “Latino”, due to ethnic origin being their main associative factor. In addition, since male and female people of Latin American origin or descent are referred to collectively in this work, the term of Latino is used throughout the paper.

Over 25% of the U.S. population is expected to consist of Latinos by 2060 (Umaña-Taylor & Updegraff, 2007). The average age of Latinos living in the U.S. is 27 years-old, and the population, as a whole, is younger than the African-Americans, Asians, and European-Americans living in the U.S. (Pew Hispanic Center, 2009). A high proportion of Latinos in the U.S. are school-aged youth (Zychinski & Polo, 2012). This indicates the importance of studies for Latino youth. These youth often experience difficulties with regard to transition that may affect their mental and physical well-being (Cobb, Xie, Meca, & Schwartz, 2017; Jagers & MacNeil, 2015). For example, facing exploitation, having limited income, and fearing deportation are some of the common difficulties that these immigrants experience (Cobb et al., 2017). Social work’s obligations in terms of service and social justice (National Association of Social Work, 2008) commit social workers to work toward Latino youth’s well-being through practice and research.

Literature Review

Adolescence and Depression

Aside from undergoing pressures from adapting, depression is common during adolescence, especially among Latinos (Ford-Paz, Reinhard, Kuebbeler, Contreras, & Sánchez, 2013; Kassiss, Artz, & White, 2017; Santos et al., 2017). Part of the reason for the population’s experiences with depression is due to underutilization of mental health services (Ford-Paz et al., 2013; Santos et al., 2017). Differences in language, communication patterns, and the lack of insurance are some main reasons for this underutilization of services (Bledsoe, 2008). The stage of adolescence consists of many internal and external changes that youth must undergo (Zeiders, Umaña-Taylor, & Derlan, 2012). Due to the difficult transitions that often occur during adolescence, depressive symptoms can be heightened for youth during this stage (Cicchetti, Rogosch, & Toth, 1994; Mruk, 2006; Zeiders et al., 2012). According to the National Institutes of Health (NIH), in 2015, 12.5% of the U.S. adolescents aged 12 to 17 experienced at least one major depressive episode in the past 12 months (NIH, 2017). It is noteworthy that adolescent Latinos are at a higher risk for depression than adolescents from other ethnic groups (Ford-Paz et al., 2015).

Factors Influencing Depressive Symptoms

Many factors may contribute to why adolescent Latinos are at a higher risk of depression than youth from other ethnic groups. The factors may include lack of parental involvement, English language barriers, no access to health insurance, which is associated with lower access to mental health services (Carson, Stewart, Lin, & Alegria, 2011), a cultural stigma of seeking mental health care amongst the Latino community, and parents who are not able to recognize depressive symptoms (Ford-Paz et al., 2015; Potochnick, & Perreira, 2010). Further, there are some fundamental factors, which are not specific to any ethnic group, such as age, sex and length of stay in the new community (Miglietta, & Tartaglia, 2009; NIH, 2017). The researchers of this study decided to examine a few of these factors including age, sex, length of stay in the new country and paternal involvement in regard to depressive symptoms.

Sex. According to a 2015 national survey of adolescents, NIH reported greater prevalence of major depressive episodes among females (NIH, 2017). Similarly, in a study of Hispanic youth in the U.S., Lorenzo-Blanco, Unger, Baezconde-Garbanati, Ritt-Olson, and Soto (2012) found a higher rate of depression among girls. Therefore, this factor is critical to be examined.

Length of stay in the new country. The notion of needing to adapt to one's new environment and culture is associated with the process of immigration. Adapting to life after immigration is typically stressful (Jagers & MacNeil, 2015). For a Latino youth who has moved to a new country and/or continent, immigrating and adapting to a new language, school, community, etc. could inevitably be difficult transitions to be forced to withstand (Berry, Kim, Minde, & Mok, 1987). As the length of stay in a new country increases, newcomers get adapted to the host community, and therefore, their experienced stresses decrease (Miglietta & Tartaglia, 2009). In this case, looking at the length of stay in a host country can be an important factor to consider.

Paternal involvement. Parenting is a factor that can significantly affect a youth's depressive symptoms and later outcomes (Campos, 2008; Jeynes, 2003; Kassis et al., 2017; Martinez, DeGarmo, & Eddy, 2004). Parents can have a substantial impact on youth's mental health and well-being, and decrease children's level of risk (Kassis et al., 2017; Teel et al., 2016). It is reported that immigrant children's level of parental involvement can largely influence these children's future success (Behnke, Taylor, & Parra-Cardona, 2008). *Familismo* is a culturally-relevant term that refers to family being placed at the center of one's life (Glass & Owen, 2010). For Latinos, in particular, family is viewed with more significance, and family members are seen as more of a provider of guidance for Latino youth than youth of other ethnic backgrounds (Suárez, 1995). Positive, consistent parental involvement serves as an asset to youth's development, and their future life trajectories, especially for minority youth, who are low-income (Brent & Behnke, 2005; Jeynes, 2003; Martinez et al., 2004).

Unfortunately, the number of children who live in single-parent homes is an increasing trend (Goldscheider, Scott, Lilja, & Bronte-Tinkew, 2015; Teel et al., 2016). In 2010, the majority, around 85% of single parents were mothers (Goldscheider et al., 2015). This number made the researchers interested in studying children with no father present. Single-parenthood affects mothers in many ways, including higher rates of poverty and a lower perception of support from loved ones (Kramer, Myhra, Zuiker, & Bauer, 2016; Teel et al., 2016). Unsurprisingly, stress levels are often higher

among single mothers, which affect the children's well-being in a negative way (Daryanani, Hamilton, Abramson, & Alloy, 2016; Teel et al., 2016). Fathers' involvement, in particular, can improve youth's emotional and social-behavioral development (Allport et al., 2018; Teel et al., 2016). Fathers benefit from their involvement in their children's lives; in particular, less depression and substance abuse, as well as improved self-confidence are examples of these benefits (Allport et al., 2018).

Taking into account the value and importance of the concept of "family" in Latino households (Fischer, Harvey, & Driscoll, 2009), if Latino youth's fathers are not living in the home, it would likely be difficult for these youth to live up to their potential well-being (Crean, 2008). Typically, the parenting roles of White, American fathers are emphasized the most in relevant literature (Cabrera & Garcia-Coll, 2004). There is currently a gap in available literature regarding the impacts of parenting roles of Latino immigrant fathers on Latino youth living in the U.S., indicating a need to further examine this topic.

To address this gap, the purpose of the current study is to examine whether fathers living with Latino youth predicts the youth's depressive symptoms. Other factors (i.e., age, sex and length of stay in the U.S.) are also considered to achieve a better understanding of depression's predictors among this group. The hypothesis of the study is that being younger, being female, not living with one's father, and shorter length of stay in the U.S. will predict higher degrees of depressive symptoms among Latino youth.

Method

Data

The data for this study originates from the Children of Immigrants Longitudinal Study (CILS) (Portes & Rumbaut, 1991-2006). CILS was conducted to evaluate the adaptation process of children of immigrants. That is, children who were born in the U.S., but at least one of the parents is an immigrant, or the children who immigrated into the U.S. in early childhood (Portes & Rumbaut, 1991-2006) were included. This study was conducted at three separate points of time. The sample was recruited from students in public or private schools in Miami, Florida, Ft. Lauderdale, Florida, and San Diego, California. The parents of the respondents were from 77 different nationalities. The first survey was in 1992, and had 5,262 respondents recruited from grades 8 and 9. The survey was regarding baseline information about children of immigrants and their family, such as their grade level, their parents' arrival year to the U.S., the total number of members living in their households, academic-related test scores, and information regarding their mental health (Portes & Rumbaut, 1991-2006).

Three years later, the second survey (first follow-up) was conducted on the evolution of key adaptation outcomes, such as ethnic identity, self-esteem, and language. There were 4,288 participants overall. Nearly 1,000 respondents from the first survey were not available. Concurrently, 2,442 parents were surveyed through a parental survey regarding the characteristics of the immigrants' parents. This survey was translated to six languages (Portes & Rumbaut, 1991-2006). The final survey was implemented one decade after the first survey. In this final follow-up, 3,613 people participated. This survey focused on patterns of adaptation in early adulthood, including educational attainment, employment, occupational status, income, civil status, political

attitudes, and participation. Mailed questionnaires were the principal source of data in the third survey (Portes & Rumbaut, 1991-2006).

Sample and Selection

For the purpose of this study, the researchers used the first wave of the CILS. To choose the sample, one inclusion criterion was used. Participants who were born in Latin America and Caribbean countries were considered. The countries included were Mexico, El Salvador, Cuba, Dominican Republic, Belize, Costa Rica, Guatemala, Honduras, Nicaragua, Panama, Argentina, Bolivia, Columbia, Ecuador, Guyana, Peru, Uruguay, Venezuela, Puerto Rico, Chile and Brazil. Using this inclusion criterion, a total number of 1305 of respondents were examined. These countries are considered Latin America and Spanish is the primary language.

Independent Variables

Four variables including respondent's sex, age, length of stay in the U.S. and whether the family's father was living in the household were considered as independent variables. Age was measured using an open-ended question in an interval level. Sex was measured with one question with two options of male (code=0) or female (code=1). Length of stay in the US was measured with a question with four response choices. Responses were "all my life" (code=1), "ten years or more" (code=2), "five to nine years" (code=3), and "less than five years" (code=4). This variable was treated as a continuous form of measurement. Whether or not participants' fathers lived with them was a fourth independent variable in this study with a categorical form of measurement. This variable was recoded into a dichotomous variable. The initial response options for the variable consisted of three options of dead/unknown, no and yes. No and dead/unknown options were combined as code 0, meaning the respondent did not live with the father. The other option was coded 1, indicating the respondent lived with the father.

Dependent Variable

Four items were combined to create a "depressive symptoms" dependent variable. The items were: "felt sad past week", "could not get going past week", "did not feel like eating past week", and "I felt depressed past week". The CILS derived these four variables from the Center for Epidemiologic Studies Depression Scale (CES-D) to examine depressive symptoms among the target population (Portes & Rumbaut, 1991-2006). These are the only items used for this purpose in the CILS study. Although Portes and Rumbaut (1991-2006) did not use all the items of the CES-D, the researchers of the current study consulted with several colleagues, who are experts in the field of mental health, and confirmed face and content validity of these items. Cronbach alpha for these items were 0.74, which indicated strong internal consistency. Since these four items were all measured via the same type of four-point Likert scale (codes of 1 to 4), they could be combined together to create a new variable. Thus, the possible range for depressive symptoms variable was between 4 and 16, in which the greater numbers presented higher depressive symptoms.

Statistical Analysis

Multiple regression analysis was an appropriate statistical test for examining the effects of multiple independent variables on a dependent variable when the dependent variable is measured on a continuous level (Gravetter & Wallnau, 2016; Hinkle, Wiersma, & Jurs, 2003). To conduct this test, the assumptions for independence of observations, linearity, multicollinearity, and normality (Kurtosis= 1.22; Skewness=1.18) (Gravetter & Wallnau, 2016; Hinkle et al., 2003) were met. However, the scatterplot indicated the assumption of homoscedasticity (Gravetter & Wallnau,

2016) was not met. No statistical correction was performed to address this assumption, indicating the results need to be interpreted with caution.

Findings

The sample ($N=1305$) consisted of 48.4% males ($N=631$) and 51.6% females ($N=674$). The mean for respondents' age was 14.14 ($N=1305$, $SD=0.86$, $Max=17$, $Min=12$). On average, respondent's U.S. stay length was 2.52 ($N=1304$, $SD=0.70$). The mean of 2.52 indicates that the respondents' average length of stay was around 5 years or more. Among the 1294 who responded to the question regarding if their father lives with them, 34.2% ($N=443$) did not live with their father, whereas, 65.8% of respondents ($N=851$) reported that they lived with their father. The mean of the dependent variable, depressive symptoms was 6.67 ($N=1277$, $SD=2.60$). The descriptive statistics for the dependent and independent variables can be found in Table 1 below.

Table 1

<i>Descriptive Statistics for Dependent and Independent Variables</i>				
Variables		<i>N</i>	<i>M</i>	<i>SD</i>
Depressive symptoms		---	6.67	2.60
Gender	Male	631 (48.4%)	---	---
	Female	674 (51.6%)	---	---
Age		---	14.41	0.86
Length of stay		---	2.52	0.70
Father living with participant	No/dead/unknown	443 (34.2%)	—	—
	Yes	851 (65.8%)	—	—

The regression model was significant ($F=31.04$, $p=0.00$, $R^2=0.09$). R-squared indicated the regression model explains 9% of the variance in the dependent variable by the independent variables. Sex ($B=1.36$, $p=0.00$, $SE=0.14$), the length of stay in the U.S. ($B=0.28$, $p=0.01$, $SE=0.10$) and whether father is living with participant ($B=-0.60$, $p=0.00$, $SE=0.15$) were significant predictors of depressive symptoms. However, age ($B=0.15$, $p=0.07>0.05$, $SE=0.08$) was not a significant factor. Interpretation of significant factors is as follows. Males were less likely to be depressed than females. There was a 1.36 unit increase in depression for females, as compared to males. Participants whose fathers lived in the home were less likely to be depressed than participants whose fathers did not live in the home. There was 0.60 unit decrease in depression for participants whose fathers lived with them. Finally, as the time in the U.S. increased, there was 0.28 unit decrease in participant's depressive symptoms. The unstandardized and standardized coefficients and significance values can be found in Table 2 below.

Table 2

<i>Unstandardized and Standardized Coefficients and Significance Levels</i>				
Independent Variables	<i>B</i>	<i>SE B</i>	β	<i>P Value</i>
Sex	1.36	0.14	0.26	0.00
Age	0.15	0.08	0.05	0.07
Length of stay	0.28	0.10	0.07	0.01
Father living with participant	-0.60	0.15	-0.11	0.00

Discussion

This research was to examine potential predictors of depressive symptoms among Latino youth. The results showed that 9% of depressive symptoms is explained by respondents' sex, age, whether or not the respondents' fathers live with them, and length of stay in the US. The results indicated the significant impacts sex, length of stay in the U.S., and fathers living in the home with Latino youth can have on their depressive symptoms. These results were consistent with the existing literature. For example, being a girl was reported as a risk factor for depression in many studies (Hankin & Abramson, 2001; Lorenzo-Blanco et al., 2012; NIH, 2017). Examining the relationship between depression and acculturation among nearly 2,000 Hispanic youth living in Southern California, Lorenzo-Blanco et al. (2012) found stronger depression among girls than boys. In a national survey among adolescents, NIH (2017) reported greater prevalence of depression among females.

Likewise, time in the U.S. was reported as a critical predictor in immigrant youth's health status (Chilton et al., 2009; Potochnick & Perreira, 2010). Potochnick and Perreira (2010) studied about 300 first generation Latino youth in terms of anxiety and depression, and reported time in the U.S. as a protective factor. As the length of stay in the U.S. increased, Latino youth learned how to adapt to the new country, and therefore, their depressive symptoms declined (Potochnick & Perreira, 2010).

Further, consistent with our findings, some studies reported significant impact of family-related factors, such as family cohesion and conflict and single-parenthood on immigrant youth depressive symptoms (Beiser, Hou, Hyman, & Tousignant, 2002; Lorenzo-Blanco et al., 2012). Studying depression and acculturation among Hispanic adolescents in the U.S., Lorenzo-Blanco et al. (2012) recommended improving family functioning as a protective factor to youth's psychological well-being. As a particular family-related factor, father's involvement in Latino families was found as a positive factor not only in children's well-being, but also in their academic achievement (Campos, 2008; Jaynes, 2003; Martinez et al., 2004). Studying Mexican-American youth, Ramírez García, Manongdo, and Ozechowski (2014) indicated the significance of youth-reported paternal acceptance in depressive symptoms. These findings are consistent with our results, indicating the absence of a father in the family as a risk factor to depression.

This study's results could be useful for immigrants who are currently living in the U.S. Raising awareness and training immigrant parents about depressive symptoms and predictors is crucial (Yeh, 2003). These trainings can happen in different settings, including schools, mental health facilities, or social service agencies in order to improve parental empowerment and commitment (Jasis & Ordoñez-Jasis, 2012). Latino-parents, especially single mothers, should be

trained about the fact that fathers' involvement with Latino youth can aid youth's depressive symptoms (Bacallo & Smokowski, 2007). This helps them be more cognizant of depressive symptoms youth might be exhibiting if their father does not live in the home, especially when the youth are female, and encourage fathers' involvement in an effort to mitigate the youth's depressive symptoms. By being aware of potential symptoms, single mothers could seek professional assistance for their child as a precautionary measure (Ortega, Rosenheck, Alegria, & Desai, 2000). In addition, by training fathers who do not live in the home with their Latino youth, they could become aware of the benefits of engagement, emotional support, and regular contact on their child's well-being (Marsiglia, Parsai, & Kulis, 2009).

Mental and behavioral health professionals who work for agencies that aim to aid Latino youth or families could use this study's findings to provide culturally-sensitive services (Garza & Watts, 2010). For example, if Latino fathers are not able or willing to be involved in their children's lives, the personnel of these agencies could help mothers with incorporating positive male role models and/or mentoring services into the youth's lives to serve as a buffer for the lack of paternal involvement (Saenz & Ponjuan, 2009). Further, social workers and professionals should be aware that females are more likely to experience depressive symptoms and place extra effort toward preventing or mitigating depressive symptoms for the Latino youth female population. Similarly, length of stay in the U.S. is a critical factor that mental health and social service agencies should consider during different phases of intervention (Kouyoumdjian, Zamboanga, & Hansen, 2003). For example, during initial assessment, service providers working with immigrant youth should include a question about the length of stay in the U.S. in their intake forms. In this scenario, if the length of stay is short, more preventive and maintenance attention is needed.

A limitation of this study is that the extent of the participants' relationships and the extent of contact with their fathers are not clear. For instance, some of the respondents' fathers could have not lived with them, but it is possible they still had regular contact with one another and/or saw each other regularly. In future studies, it is important to examine the extent of the relationships and contact with fathers. It is also notable that shifts in political, social and cultural context, since the time the data was gathered, limit the generalizability of the results. The dataset used in this study had data from three points of time. It could be beneficial to look at differences and changes across these three points, particularly if researchers take into account shifts in political and cultural contexts. This study is also limited because of examining only a few factors. For future studies, examining more potential factors, such as economic stress, coping strategies, and family, school and social support is recommended.

Conclusion

This study sought to examine the impact of sex, age, living with one's father, and time in the U.S. on depressive symptoms of Latino youth. Except age, other variables were found to be significant predictors of depression. Whether youth were living with their fathers was a factor insufficiently studied in the existing literature. Thus, the main contribution of this study was to examine this factor and provide implications in this case. Although this study is a significant and timely topic, using data that is more recent could be more beneficial. Similar studies can also be replicated for other immigrant youth groups with different regions of origin.

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